

**How to Add or Update Licensing and Accreditation on the Provider Profile in NCTracks****Table of Contents**

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**Overview**

This user guide provides step-by-step instructions for adding and updating licensing or certifications to the provider profile in NCTracks. Some taxonomy codes require the provider to be licensed, accredited, and/or certified according to the specific laws and regulations that apply to their service type.




Please note that adding or updating accreditation via the manage change request is not an immediate process, and can take several weeks to complete, as licensing and accreditation must be reviewed by CSC and approved by the state.

Providers are responsible for maintaining the required licensure, endorsement, certification, and accreditation specific to their provider type to remain eligible for participation in NC Medicaid/Health Choice. In the event that a certification number or expiration date changes, use the Manage Change Request process to notify DMA of the change.

For a complete listing of provider qualifications and requirements, please visit the following link.

<https://www.nctracks.nc.gov/content/public/dms/public/pdf/enrollment/nctracks-providerchecklist.pdf>

## Accreditation Types that Require Supporting Documentation



If your taxonomy requires one or more of the following certifications, you **MUST** attach a proof of the certification to the Manage Change Request application, or mail it to the CSC, as they cannot be verified online.

**Mailing Address:** CSC, PO Box 300009 Raleigh, NC 27622-8009

- Some provider types require a CMS letter of approval verifying Medicare participation. (You must attach or mail a copy of the letter).
- Durable Medical Equipment (DME) providers must submit a current copy of the National Clearinghouse Supplier letter from CMS verifying Medicare participation (cannot be more than 3 yrs from the date of approval indicated on the letter).
- Nurse Practitioners must submit a copy of the Nurse Practitioner (NP) certification
- Independent Laboratory providers must submit a copy of CLIA certification

## Logging into the Provider Portal

1. Navigate to [www.nctracks.nc.gov](http://www.nctracks.nc.gov)
2. The following page will display. Click the **Providers** tab at the top of the page.

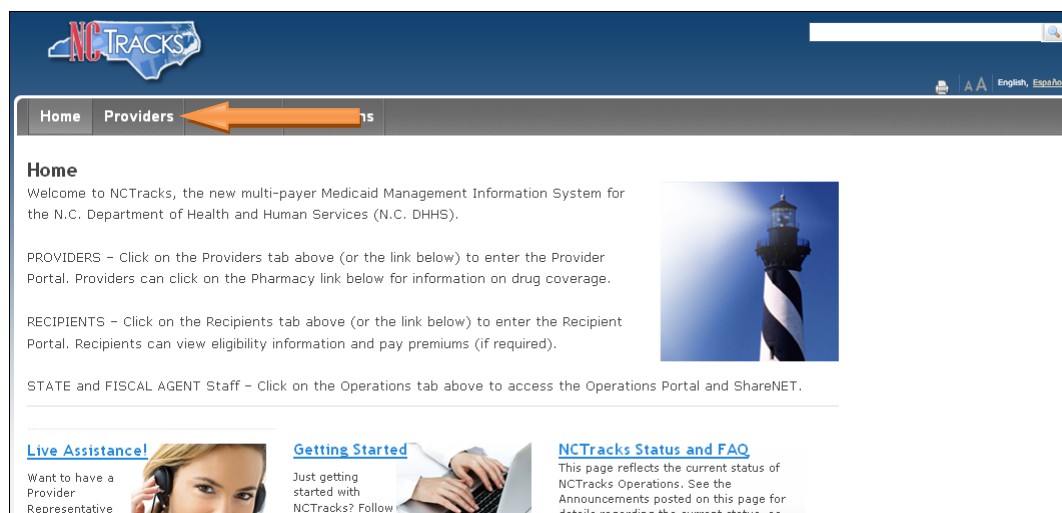


Figure 1: NCTracks Home

- From the **Providers** page, click the NCTracks Secure Portal icon.

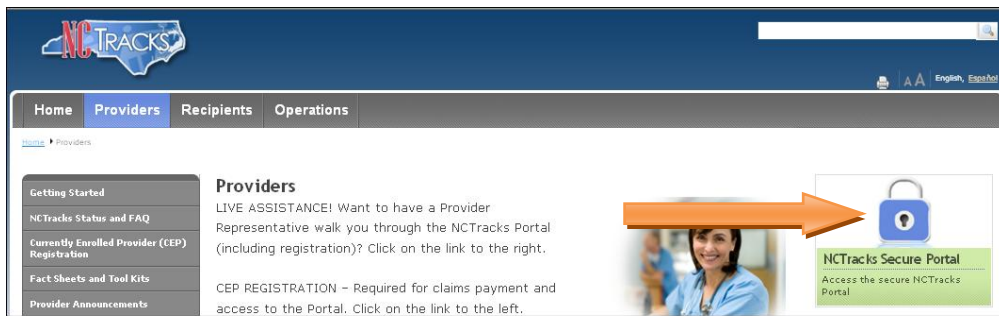


Figure 2: Providers Page

- The following login screen will display. Enter the NCID and password and click the **Log in** button.

Figure 3: Provider Portal Login

## Accessing the Manage Change Request Application

- The following Providers page will display. Click the **Status and Management** button.

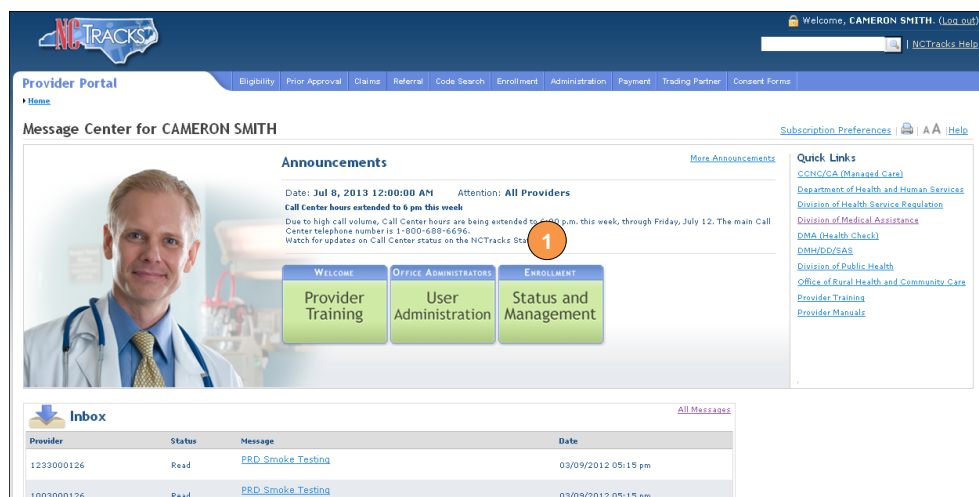


Figure 4: Select Status and Management

6. The **Status and Management** screen will display. The screen is divided into 6 sections.

**Provider Portal**

**Contact Information**

If you have any questions regarding completion of Provider Enrollment, please contact CSC Call Center.

Phone: 866-844-1113  
Fax: 866-844-1382  
Email: [ncenrollment@csc.com](mailto:ncenrollment@csc.com)

**Quick Links**

- [Online Application](#)
- [Provider Enrollment Home](#)
- [Enrollment Information](#)
- [Enrollment Conditions](#)
- [Provider Qualifications and Requirements Checklist](#)

**Status and Management**

Welcome to Provider Enrollment Status and Management. Please choose from the options below to manage your enrollment status.

**Submitted Applications**

Below is the status of applications you have submitted. If status is Payment Pending, we have received initial confirmation from Payor that your payment was confirmed; it may take up to 48 hours to verify the payment. If status is Pay Now, your NC Application Fee payment was not made or failed; click Pay Now to make payment.

NPI/Atypical ID	Name	Application Type	Submit Date	Payment Status
1003000910	WOMAN, SUPER	Enrollment	07/02/2013	Payment Pending
1003000910	MAN, SUPER	Enrollment	07/02/2013	Payment Pending
1003000910	SMITH, ROBERT	Enrollment	06/24/2013	Payment Pending
1003000910	MOUSE, MICKEY	Enrollment	06/02/2013	Approved
1003000795	STEPHENS, MATTHEW	Enrollment	05/13/2013	In Review
40258519	MY ATYPICAL ORGANIZATION	Re-verification	05/13/2013	In Review
1003000910	MY G GROUP	Enrollment	05/12/2013	Pay Now

**Saved Applications**

Please remember that your application must be submitted to the State within 90 days of the date it was created. If not completed within 90 days, the incomplete application will be deleted.

Select	NPI/Atypical ID	Name	ZIP Code	Application Type	Application Create Date	Last Saved
<input type="radio"/>	1003012618	GARY, FRIEND	27612-2589	Re-enrollment	07/03/2013	07/03/2013
<input type="radio"/>	1003000811	July 2 Organization	27502-0000	Enrollment	07/02/2013	07/02/2013
<input type="radio"/>	1003000779	MY GROUP	27502-1216	Manage Change Request	07/03/2013	07/03/2013

**RE-ENROLL**

The following provider accounts associated with your NCID have been terminated. Please select the account with which you would like to re-enroll, then click 'Submit'.

Select	NPI/Atypical ID	Name	ZIP Code	Termination Date
<input type="radio"/>	1003011448	CSC LME	27549-2461	08/22/2012
<input type="radio"/>	1003000909	DIGESTIVE HEALTH PHYSICIANS BCR	27941-1256	08/22/2012
<input type="radio"/>	1003017623	PA HOSPITAL	16510-1847	08/04/2012
<input type="radio"/>	1003006743	SPECIALTY ANESTHESIA, PLLC	27616-8176	08/04/2012
<input type="radio"/>	1003016429	STATE, OUTTA	16510-1847	08/03/2012
<input type="radio"/>	1497708838	WESLEY CARE CENTER PHARMACY	28204-3370	11/03/2008

**MANAGE CHANGE REQUEST**

The following provider accounts associated with your NCID are active. Please select the account with which you would like to submit a Manage Change Request, then click 'Update'.

Select	NPI/Atypical ID	Name	ZIP Code	Begin Date	Status
<input type="radio"/>	1003000405	ABC PROVIDER	27502-1216	05/01/2012	Active
<input type="radio"/>	1003009325	AUDIOLOGY CONSULTANTS OF SOUTHERN O	27519-6462	01/30/2013	Active
<input type="radio"/>	1003009804	BANNA, ROUSTAFI	27607-3073	06/14/2012	Active

**RE-VERIFICATION**

NO DATA FOUND

**MAINTAIN ELIGIBILITY**

NO DATA FOUND

Figure 5: Status and Management Page

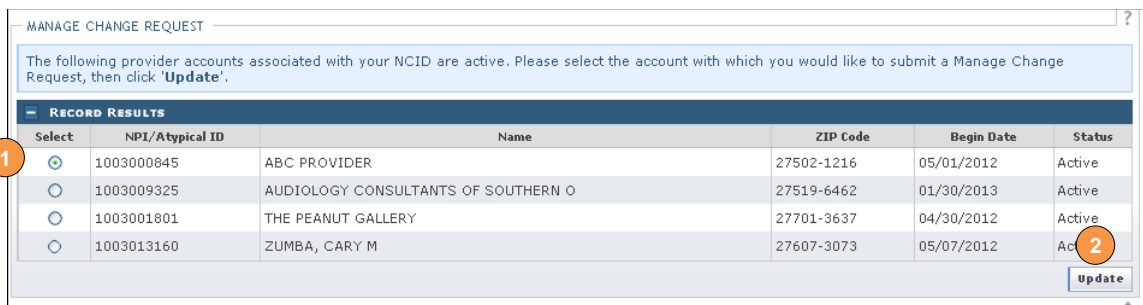
### Status and Management Sections

- Submitted Applications:** Contains enrollment applications or change requests that have already been submitted and are currently in process.
- Saved Applications:** Contains enrollment applications or change requests that have been started but not yet submitted. Please remember that your application must be submitted to the State within 90 days of the date it was created. If not completed within 90 days, the incomplete application will be deleted.
- Re-enroll:** This section will list provider accounts associated with the user's NCID that have been terminated. The user can select the account to re-enroll, then click 'Submit'.
- Manage Change Request:** This section will list provider accounts associated with the users NCID that are active.
- Re-verification:** This section allows the user to submit a required re-verification application for a provider enrollment account.
- Maintain Eligibility:** This section allows the user to submit a required maintain eligibility application for a provider enrollment account.

7. To begin a new **Manage Change Request**, under the **Manage Change Request** Section, click the radio button next to the NPI to be changed. Next, click the **Update** button.



If the Manage Change Request section reads **No Data to Display**, it is possible that a Manage Change Request has already been created and/or submitted, but not yet approved. Check the **Submitted Applications** and **Saved Applications** sections for a Manage Change Request/Enrollment that is already in process.



Select	NPI/Atypical ID	Name	ZIP Code	Begin Date	Status
<input type="radio"/>	1003000845	ABC PROVIDER	27502-1216	05/01/2012	Active
<input type="radio"/>	1003009325	AUDIOLOGY CONSULTANTS OF SOUTHERN O	27519-6462	01/30/2013	Active
<input type="radio"/>	1003001801	THE PEANUT GALLERY	27701-3637	04/30/2012	Active
<input type="radio"/>	1003013160	ZUMBA, CARY M	27607-3073	05/07/2012	Active

Figure 6: Select Manage Change Request

8. The **Individual or Organization Basic Information** screen will display. Click the “Next” button to continue.



Do NOT click the menu options on the left hand side of the screen, as each page must be accessed/reviewed before the **Manage Change Request** can be submitted. Instead, to navigate to appropriate section, click the **Next** button on the bottom right corner of the screen until you reach the **Accreditations** page.

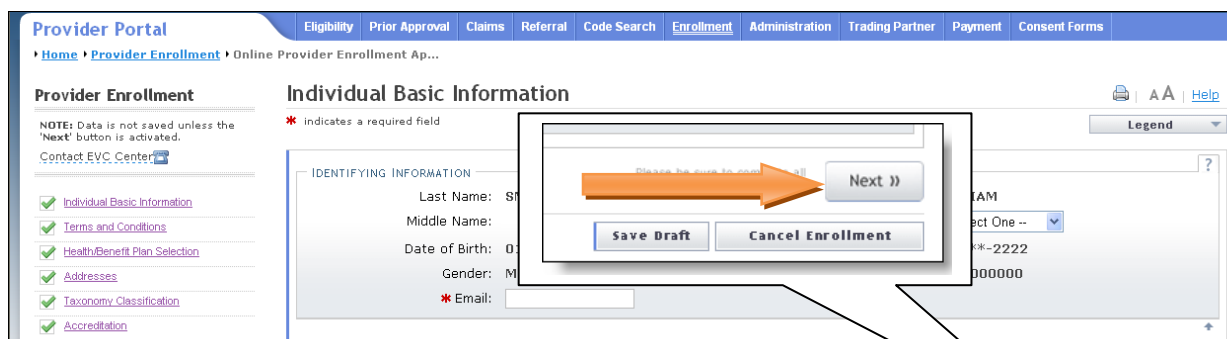
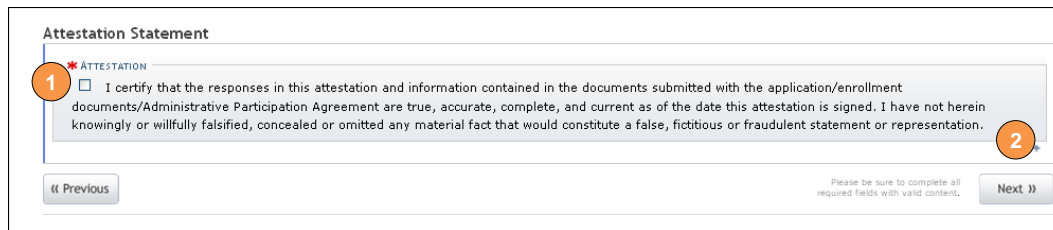


Figure 7: Basic Information Page

- On the Terms and conditions page, to attest and accept Medicaid Terms and Agreements, click the check box and click the **“Next”** button. Continue to click the **Next** button until you reach the “Affiliated Provider Information” screen.



Attestation Statement

**\* ATTESTATION**

☐ I certify that the responses in this attestation and information contained in the documents submitted with the application/enrollment documents/Administrative Participation Agreement are true, accurate, complete, and current as of the date this attestation is signed. I have not herein knowingly or willfully falsified, concealed or omitted any material fact that would constitute a false, fictitious or fraudulent statement or representation.

« Previous

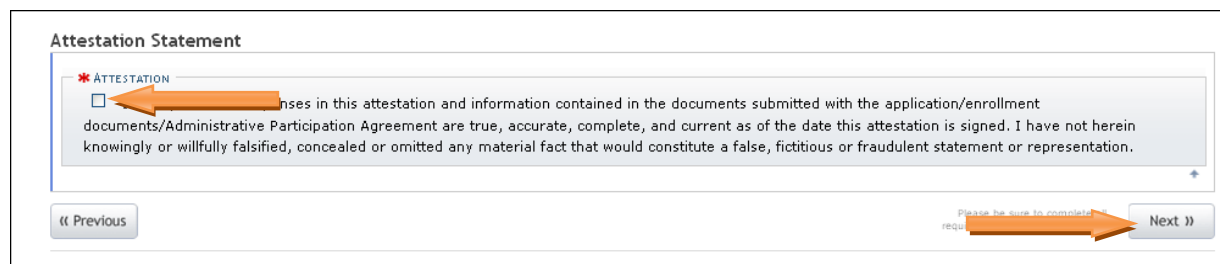
Please be sure to complete all required fields with valid content.

Next »

Figure 8: Attestation Statement

- The North Carolina DHHS Provider Administrative Participation Agreement - Terms and Conditions Page will display.

ALL providers must attest to the terms and conditions of the NC DHHS Medicaid Provider Administrative Participation Agreement. To attest and accept Medicaid Terms and Agreements, click the check box at the bottom of the page and click the **“Next”** button.



Attestation Statement

**\* ATTESTATION**

☐ I certify that the responses in this attestation and information contained in the documents submitted with the application/enrollment documents/Administrative Participation Agreement are true, accurate, complete, and current as of the date this attestation is signed. I have not herein knowingly or willfully falsified, concealed or omitted any material fact that would constitute a false, fictitious or fraudulent statement or representation.

« Previous

Please be sure to complete all required fields with valid content.

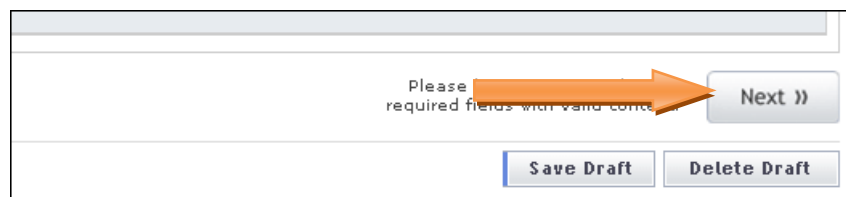
Next »

Figure 8: Attestation Statement

- Continue to click the next button through the Manage Change Request application until you reach the “Accreditation” page.



The **Save Draft** button will only save your progress and will not submit the Change Request for processing.



Please be sure to complete all required fields with valid content.

Next »

Save Draft

Delete Draft

Figure 9: Click Next to Navigate

## Editing the Service Location(s)



If your provider record has more than one service location, it is important to note that accreditations will need to be completed for each taxonomy associated with each service location.

12. ALL service location rows must display a status of COMPLETE before you will be able to proceed. To update the accreditations for each service location, select each service location row and click the “Edit Location” button.

## Accreditation

[Help](#)

\* indicates a required field

Legend



SERVICE LOCATIONS		
Select	Location	Form Status
	5555 Park Loop, SYLVA, NC, (Primary Location)	Incomplete
1	111 New Ave, RALEIGH, NC, 27601-1417	Incomplete

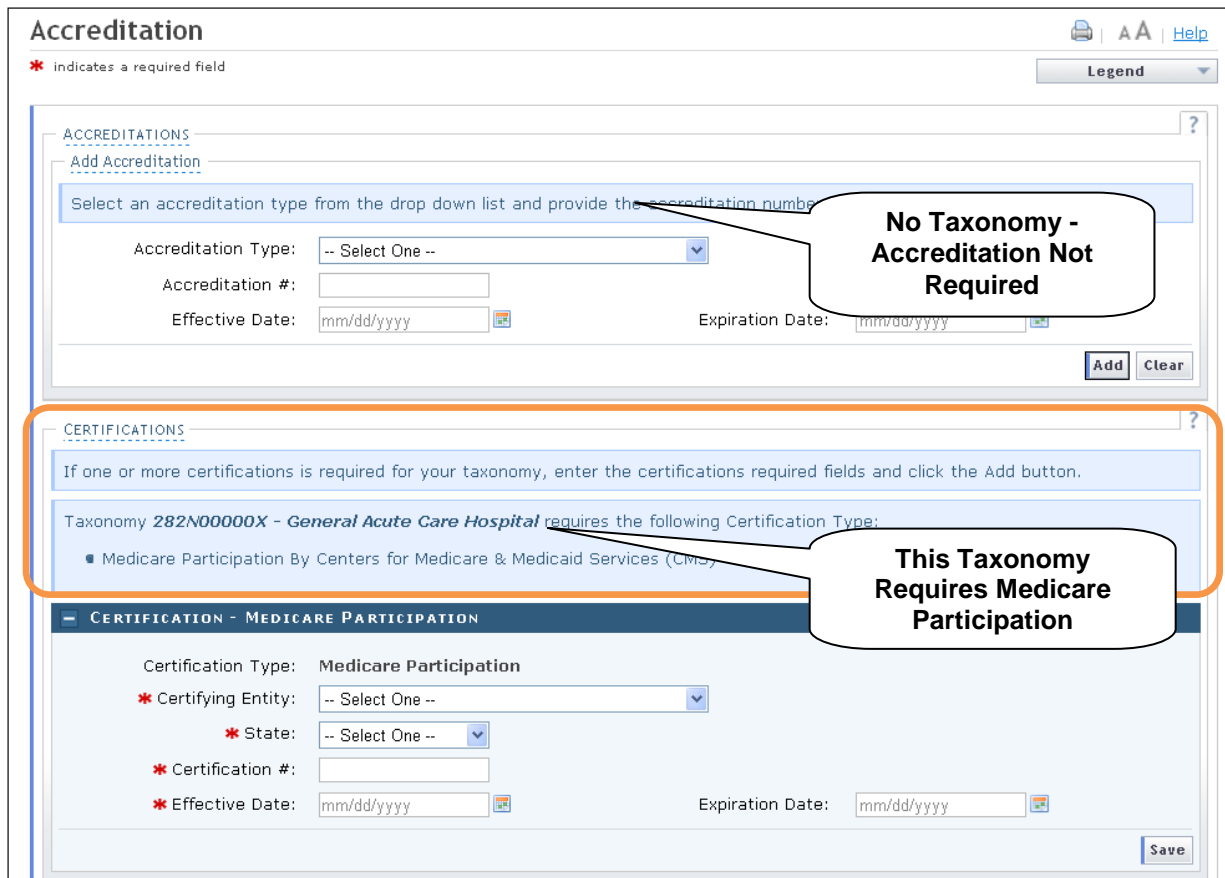
To complete information for each service location, select the appropriate location then click the "Edit Location" button.

Edit Location

## Adding Licensing or Certification Information

13. The **Accreditation** page may display several sections, depending on the number of taxonomies on file. Not all sections are required. To determine the required sections, scroll down and identify the light blue sections that display your taxonomies.

	The licenses and certifications listed directly <b>BELOW</b> the reference taxonomy in the light blue section are required.
	<p>If an invalid taxonomy is listed on this page and requires an accreditation that the provider does not have, the invalid taxonomy must be end dated. Reference the following page for a step by step guide for editing taxonomies.</p> <p><a href="https://www.nctracks.nc.gov/content/public/providers/provider-user-guides-and-training.html">https://www.nctracks.nc.gov/content/public/providers/provider-user-guides-and-training.html</a></p> <p>Click on the provider user guide titled: How to View and Update Taxonomy</p>



**Accreditation**

\* indicates a required field

Legend

ACCREDITATIONS

Add Accreditation

Select an accreditation type from the drop down list and provide the accreditation number

Accreditation Type: -- Select One --

Accreditation #:

Effective Date: mm/dd/yyyy

Expiration Date: mm/dd/yyyy

Add Clear

CERTIFICATIONS

If one or more certifications is required for your taxonomy, enter the certifications required fields and click the Add button.

Taxonomy **282N00000X - General Acute Care Hospital** requires the following Certification Type:

- Medicare Participation By Centers for Medicare & Medicaid Services (CMS)

**CERTIFICATION - MEDICARE PARTICIPATION**

Certification Type: Medicare Participation

\* Certifying Entity: -- Select One --

\* State: -- Select One --

\* Certification #:

\* Effective Date: mm/dd/yyyy

Expiration Date: mm/dd/yyyy

Save

Figure 10: Accreditation Page - Example 1



In the following example, this provider has a single taxonomy that requires one of the four licenses.

**LICENSES**

If one or more licenses is required for your taxonomy, enter the licenses required fields and click the Add button.

Taxonomy **311ZA0620X - Adult Care Home** requires the following License Type:

- Group Home for Developmentally Disabled Adults By NC Division of Health Service Regulation (DHSR) , OR
- Group Home for Mentally Ill Adults By NC Division of Health Service Regulation (DHSR) , OR
- Family Care Home By NC Division of Health Service Regulation (DHSR) , OR
- Home for the Aged and Disabled By NC Division of Health Service Regulation (DHSR)

**LICENSE - GROUP HOME FOR DEVELOPMENTALLY DISABLED ADULTS BY NC DIVISION OF HEALTH SERVICE REGULATION (DHSR)**

License Agency: NC Division of Health Service Regulation (DHSR)  
License Type: Group Home for Developmentally Disabled Adults  
\* State: NORTH CAROLINA  
\* License #:   
\* Effective Date: mm/dd/yyyy   
\* Expiration: mm/dd/yyyy

**LICENSE - GROUP HOME FOR MENTALLY ILL ADULTS BY NC DIVISION OF HEALTH SERVICE REGULATION (DHSR)**

License Agency: NC Division of Health Service Regulation (DHSR)  
License Type: Group Home for Mentally Ill Adults  
\* State: NORTH CAROLINA  
\* License #:   
\* Effective Date: mm/dd/yyyy   
\* Expiration Date: mm/dd/yyyy

**LICENSE - FAMILY CARE HOME BY NC DIVISION OF HEALTH SERVICE REGULATION (DHSR)**

License Agency: NC Division of Health Service Regulation (DHSR)  
License Type: Family Care Home  
\* State: NORTH CAROLINA  
\* License #:   
\* Effective Date: mm/dd/yyyy   
\* Expiration Date: mm/dd/yyyy

**LICENSE - HOME FOR THE AGED AND DISABLED BY NC DIVISION OF HEALTH SERVICE REGULATION (DHSR)**

License Agency: NC Division of Health Service Regulation (DHSR)  
License Type: Home for the Aged and Disabled  
\* State: NORTH CAROLINA  
\* License #:   
\* Effective Date: mm/dd/yyyy   
\* Expiration Date: mm/dd/yyyy

**This Taxonomy Requires 1 of 4 of the displayed licenses**

Figure 11: Accreditation Page - Example 2

In the following example, this provider uses 4 different taxonomies, which require 4 different licenses.

**CERTIFICATIONS**

Add Certification

Select a certification type from the drop down list and provide the certifying entity.

Certifying Entity: -- Select One --

State: NORTH CAROLINA

Certification #:

Effective Date: mm/dd/yyyy

Expiration Date: mm/dd/yyyy

Add Clear

**LICENSES**

If one or more licenses is required for your taxonomy, enter the licenses required fields and click the Add button.

Taxonomy **101YM0800X - Mental Health** requires the following License Type:

- Licensed Professional Counselor (LPC) By State Board of Licensed Professional Counselors

Taxonomy **106H00000X - Marriage & Family Therapist** requires the following License Type:

- Licensed Marriage and Family Therapist (LMFT) By Marriage and Family Therapy Licensure Board

Taxonomy **1041C0700X - Clinical** requires the following License Type:

- Licensed Clinical Social Worker (LCSW) By State Social Work Certification & Licensure Board

Taxonomy **101YP2500X - Professional** requires the following License Type:

- Licensed Professional Counselor (LPC) By State Board of Licensed Professional Counselors

**LICENSE - LICENSED MARRIAGE AND FAMILY THERAPIST (LMFT) BY MARRIAGE AND FAMILY THERAPY LICENSURE BOARD**

License Agency: Marriage and Family Therapy Licensure Board

License Type: Licensed Marriage and Family Therapist (LMFT)

\* State: NORTH CAROLINA

\* License #:

\* Effective Date: 01/01/2012

\* Expiration Date: mm/dd/yyyy

Save

**LICENSE - LICENSED PROFESSIONAL COUNSELOR (LPC) BY STATE BOARD OF LICENSED PROFESSIONAL COUNSELORS**

License Agency: State Board of Licensed Professional Counselors

License Type: Licensed Professional Counselor (LPC)

\* State: NORTH CAROLINA

\* License #:

\* Effective Date: mm/dd/yyyy

\* Expiration Date: mm/dd/yyyy

Add Clear

**LICENSE - LICENSED CLINICAL SOCIAL WORKER (LCSW) BY STATE SOCIAL WORK CERTIFICATION & LICENSURE BOARD**

License Agency: State Social Work Certification & Licensure Board

License Type: Licensed Clinical Social Worker (LCSW)

\* State: NORTH CAROLINA

\* License #:

\* Effective Date: mm/dd/yyyy

\* Expiration Date: mm/dd/yyyy

Add Clear

**LICENSE - STATE LICENSING ENTITY**

Save Location

Figure 12: Accreditation Page - Example 3

## Adding Licensing or Certification Information

14. To add an accreditation, complete the following fields
  - 13.1. Select the **Certifying Entity** from the drop down men
  - 13.2. Select the **State** from the drop down menu
  - 13.3. Enter the **License/Accreditation/Certification** number
  - 13.4. Enter or select the **Effective Date**
  - 13.5. **Enter or select the Expiration Date**
  - 13.6. Click the **Save** or **Add** button

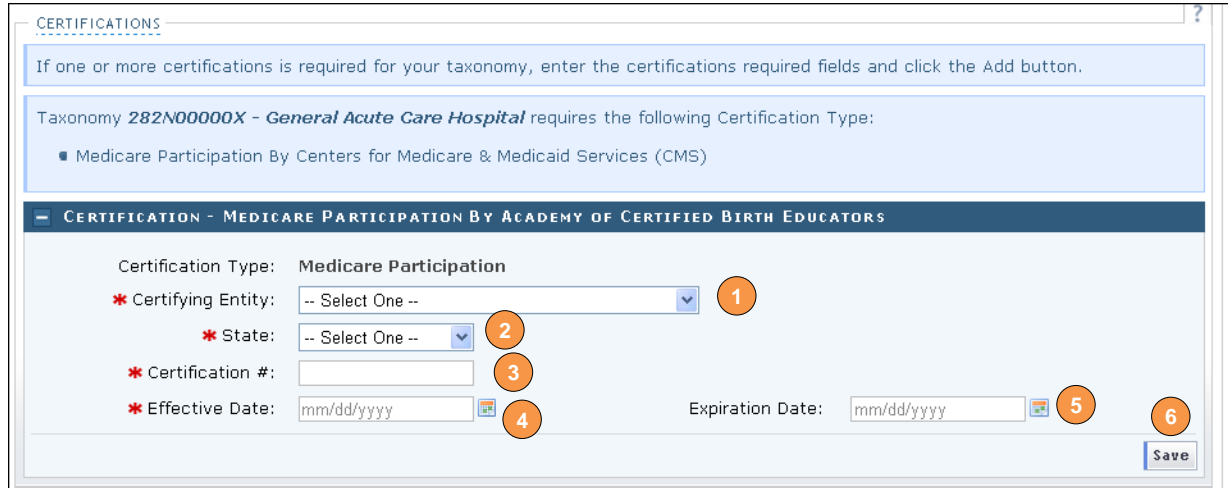



Figure 13: Add Accreditation

 When adding accreditations to more than one service location, remember to click the **Save Location** button at the bottom of the page.

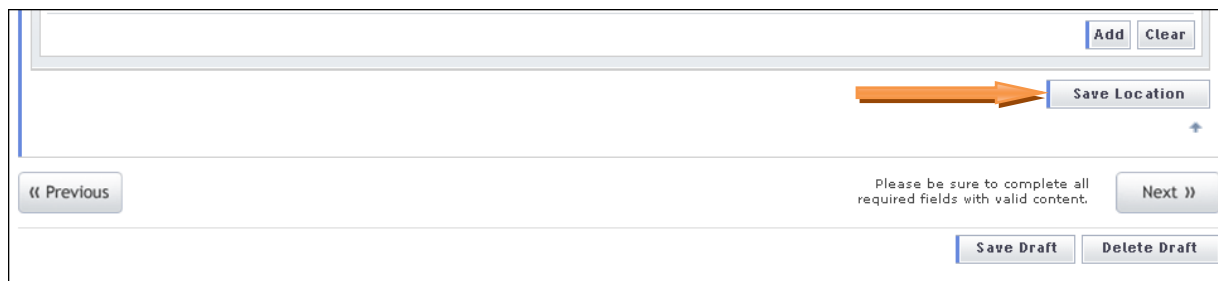


Figure 14: Add Accreditation

Some Taxonomies may allow more than one licensing option to fulfill the requirement. In the following example, the provider must enter one of the four licensing types. All four options display as required fields. However, only ONE of the licenses must be added.

LICENSES

If one or more licenses is required for your taxonomy, enter the licenses required fields and click the Add button.

Taxonomy **311ZA0620X - Adult Care Home** requires the following License Type:

- Group Home for Developmentally Disabled Adults By NC Division of Health Service Regulation (DHSR) , OR
- Group Home for Mentally Ill Adults By NC Division of Health Service Regulation (DHSR) , OR
- Family Care Home By NC Division of Health Service Regulation (DHSR) , OR
- Home for the Aged and Disabled By NC Division of Health Service Regulation (DHSR)

LICENSE - GROUP HOME FOR DEVELOPMENTALLY DISABLED ADULTS BY NC DIVISION OF HEALTH SERVICE REGULATION (DHSR)

License Agency: NC Division of Health Service Regulation (DHSR)

License Type: Group Home for Developmentally Disabled Adults

\* State: NORTH CAROLINA

\* License #:

\* Effective Date: mm/dd/yyyy

\* Expiration Date: mm/dd/yyyy

Add Clear

LICENSE - GROUP HOME FOR MENTALLY ILL ADULTS BY NC DIVISION OF HEALTH SERVICE REGULATION (DHSR)

License Agency: NC Division of Health Service Regulation (DHSR)

License Type: Group Home for Mentally Ill Adults

\* State: NORTH CAROLINA

\* License #:

\* Effective Date: mm/dd/yyyy

\* Expiration Date: mm/dd/yyyy

Add Clear

LICENSE - FAMILY CARE HOME BY NC DIVISION OF HEALTH SERVICE REGULATION (DHSR)

License Agency: NC Division of Health Service Regulation (DHSR)

License Type: Family Care Home

\* State: NORTH CAROLINA

\* License #:

\* Effective Date: mm/dd/yyyy

\* Expiration Date: mm/dd/yyyy

Add Clear

LICENSE - HOME FOR THE AGED AND DISABLED BY NC DIVISION OF HEALTH SERVICE REGULATION (DHSR)

License Agency: NC Division of Health Service Regulation (DHSR)

License Type: Home for the Aged and Disabled

\* State: NORTH CAROLINA

\* License #:

\* Effective Date: mm/dd/yyyy

\* Expiration Date: mm/dd/yyyy

Add Clear

Figure 12: Accreditation Options

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CSC Proprietary Information

In the below example, one of the four licenses has been added. As long as one of the required licenses has been added, you may click the **Next** button at the bottom of the page to continue.

LICENSES

If one or more licenses is required for your taxonomy, enter the licenses required fields and click the Add button.

Taxonomy **311ZA0620X - Adult Care Home** requires the following License Type:

- Group Home for Developmentally Disabled Adults By NC Division of Health Service Regulation (DHSR) , OR
- Group Home for Mentally Ill Adults By NC Division of Health Service Regulation (DHSR) , OR
- Family Care Home By NC Division of Health Service Regulation (DHSR) , OR
- Home for the Aged and Disabled By NC Division of Health Service Regulation (DHSR)

LICENSE - GROUP HOME FOR DEVELOPMENTALLY DISABLED ADULTS BY NC DIVISION OF HEALTH SERVICE REGULATION (DHSR)

License Agency: NC Division of Health Service Regulation (DHSR)

License Type: Group Home for Developmentally Disabled Adults

State: NORTH CAROLINA

License #: 12234567

Effective Date: 09/01/2011

Expiration Date: 11/08/2013

Edit

LICENSE - GROUP HOME FOR MENTALLY ILL ADULTS BY NC DIVISION OF HEALTH SERVICE REGULATION (DHSR)

License Agency: NC Division of Health Service Regulation (DHSR)

License Type: Group Home for Mentally Ill Adults

\* State: NORTH CAROLINA

\* License #:

\* Effective Date: mm/dd/yyyy

\* Expiration Date: mm/dd/yyyy

AddClear

LICENSE - FAMILY CARE HOME BY NC DIVISION OF HEALTH SERVICE REGULATION (DHSR)

License Agency: NC Division of Health Service Regulation (DHSR)

License Type: Family Care Home

\* State: NORTH CAROLINA

\* License #:

\* Effective Date: mm/dd/yyyy

\* Expiration Date: mm/dd/yyyy

AddClear

LICENSE - HOME FOR THE AGED AND DISABLED BY NC DIVISION OF HEALTH SERVICE REGULATION (DHSR)

License Agency: NC Division of Health Service Regulation (DHSR)

License Type: Home for the Aged and Disabled

\* State: NORTH CAROLINA

\* License #:

\* Effective Date: mm/dd/yyyy

\* Expiration Date: mm/dd/yyyy

AddClear

Newly Added License

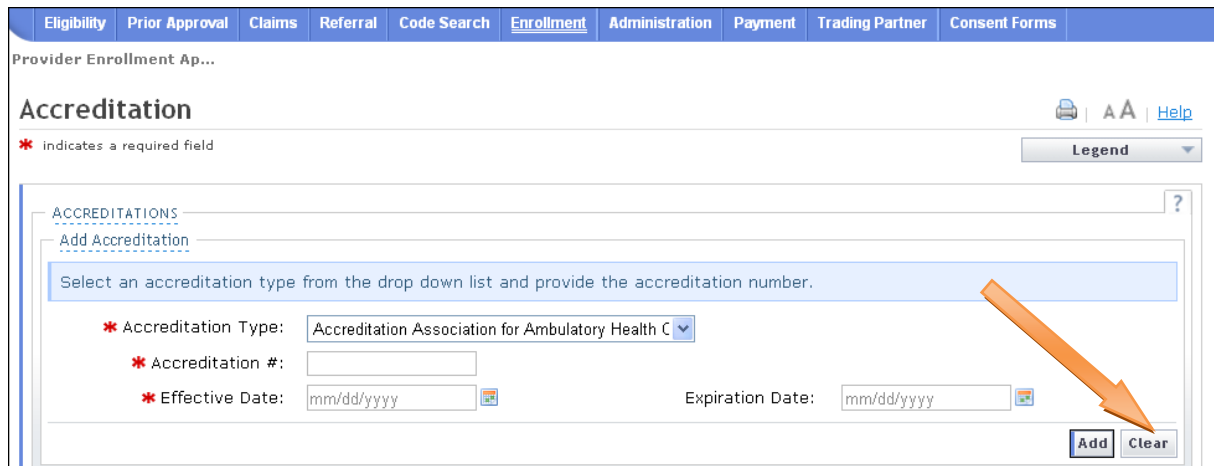
Figure 13: Clearing Accreditation

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CSC Proprietary Information

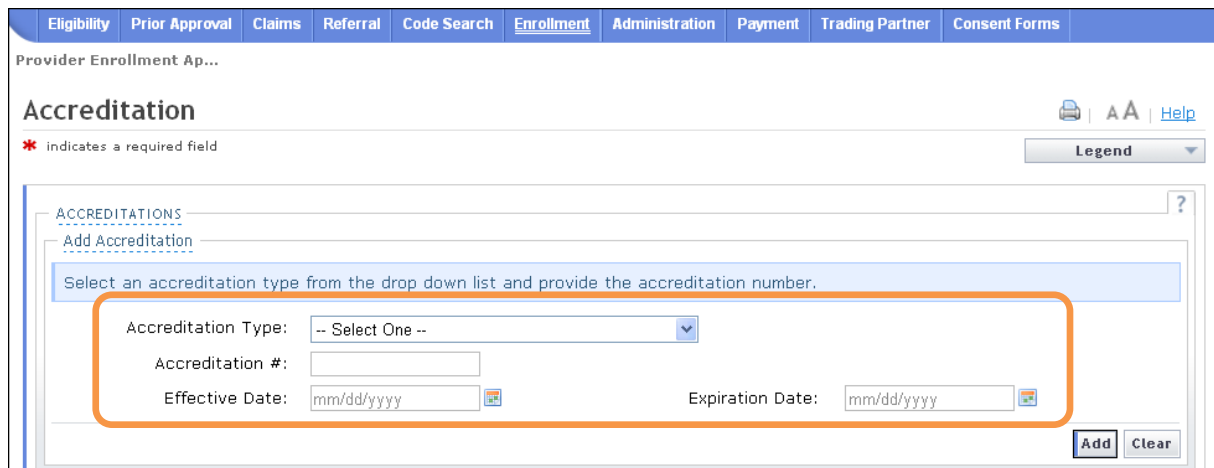
Although some accreditation sections may NOT be required, if you inadvertently select the **Accreditation Type** from the drop down menu, the entire section becomes required. Click the **CLEAR** button to clear all fields.



The screenshot shows the 'Accreditation' section of the 'Provider Enrollment Application'. The 'Accreditation Type' dropdown is set to 'Accreditation Association for Ambulatory Health C'. The 'Add' button is highlighted with an orange arrow.

Figure 15: Clearing Optional Accreditations

Clicking the **Clear** button will remove the required field indicators, as illustrated below.



The screenshot shows the 'Accreditation' section after clicking the 'Clear' button. The 'Accreditation Type' dropdown is now set to '-- Select One --'. The 'Add' button is highlighted with an orange box.

Figure 16: Cleared Results

## Drug Enforcement Agency (DEA) and Clinical Laboratory Improvement Amendments (CLIA)

Two certification types, Drug Enforcement Agency (DEA) and Clinical Laboratory Improvement Amendments (CLIA), are automatically updated in NCTracks. Providers are not able to update these certifications on this page.

If you receive a letter that you need to update one of these two certifications, make sure it is update with the certification board and that CSC have his correct certification number on file. NCTracks receives a monthly data file from DEA. When this file is received, NCTracks automatically updates the expiration dates for the DEA certifications in the provider record.

If you have renewed your certification with DEA and your DEA number is correct on NCTracks, you can file away the letter with the associated documents. **NOTE:** Clinical Laboratory Improvement Amendments (CLIA) s updated biweekly.

## Converted Licensing or Certification

As a result of the data conversion from the previous system, some licensing or certifications may appear on the record that are not required by the taxonomy, or duplicate/partial license information will display.

Some providers have reported that they are unable to edit or remove these accreditations to proceed. If you encounter this issue, and are unable to proceed past the accreditations screen, please contact the call center for assistance. It may be necessary to update or remove the duplicate or partial accreditation from the record.

**Accreditation**

[Help](#)

\* indicates a required field

Legend

ACCREDITATIONS
?

- ACCREDITATION - COMMISSION FOR ACCREDITATION OF FREE-STANDING BIRTHING CENTERS

Accreditation Type: Commission for Accreditation of Free-standing Birthing Centers

Accreditation #: 1134404437

Effective Date: 01/01/1900

Expiration Date: 01/01/1900

Edit

Figure 17: Legacy Accreditations

## Reviewing, the Manage Change Request

1. The “Review Application” screen will display. On the left hand margin, verify that all application pages have a green check mark next to each page. In addition, verify the contact email address listed on the page. This can be updated on the **Basic Information** page.

To review the application in Adobe PDF format, click the **Review Application** button. Click the **Next** button to proceed to the **Attachments/Submit Electronic Application** page.

Figure 19: Review Application

All pages must be reviewed prior to continuing. If you receive the following error, click on the pages that do not have check marks next to the section and click **Next** through each section.


Figure 20 Error - Complete all Pages in the Application

Figure 21: Review Application - Incomplete Pages



## Attaching Supporting Documentation

2. The **Sign and Submit Electronic Application** page will display.

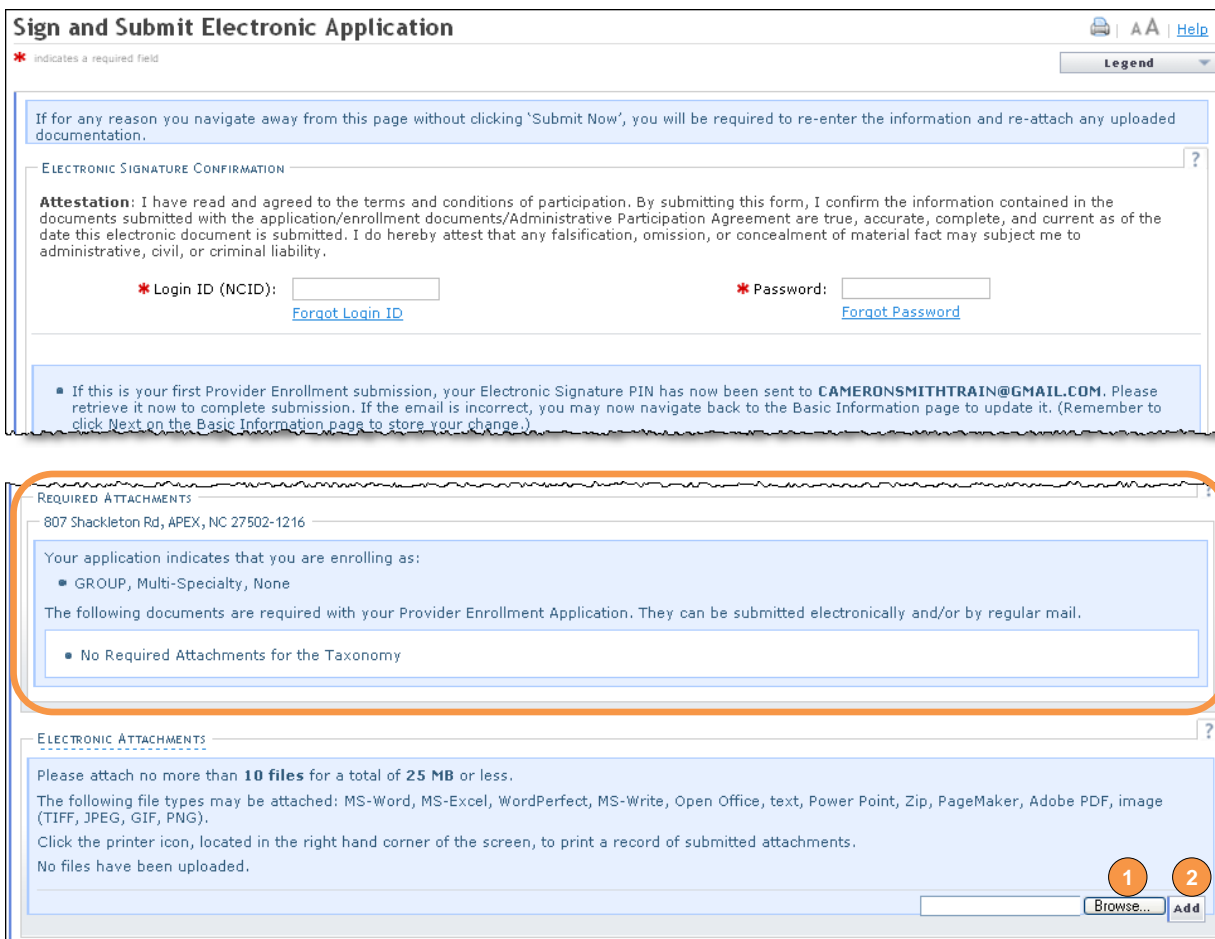


Some accreditations will require that you attach proof of the accreditation. Scroll down to review the “Required Attachments” page. If your accreditation requires an attachment, you **MUST** attach a proof of the certification to the Manage Change Request application, or mail it to the CSC, as they cannot be verified online.

If you answer “Yes” to any sanction questions, you must submit the required documentation applicable to the question.

**Mailing Address:** CSC, PO Box 300009 Raleigh, NC 27622-8009

3. If attachments are required, click the **Browse** button to select the files. Click the **Add** button to add the attachment.



**Sign and Submit Electronic Application**

\* indicates a required field

Legend

If for any reason you navigate away from this page without clicking 'Submit Now', you will be required to re-enter the information and re-attach any uploaded documentation.

ELECTRONIC SIGNATURE CONFIRMATION

**Attestation:** I have read and agreed to the terms and conditions of participation. By submitting this form, I confirm the information contained in the documents submitted with the application/enrollment documents/Administrative Participation Agreement are true, accurate, complete, and current as of the date this electronic document is submitted. I do hereby attest that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.

\* Login ID (NCID):  [Forgot Login ID](#)

\* Password:  [Forgot Password](#)

■ If this is your first Provider Enrollment submission, your Electronic Signature PIN has now been sent to **CAMERONSMITHTRAIN@GMAIL.COM**. Please retrieve it now to complete submission. If the email is incorrect, you may now navigate back to the Basic Information page to update it. (Remember to click **Next** on the Basic Information page to store your change.)

**REQUIRED ATTACHMENTS**

807 Shackleton Rd, APEX, NC 27502-1216

Your application indicates that you are enrolling as:

- GROUP, Multi-Specialty, None

The following documents are required with your Provider Enrollment Application. They can be submitted electronically and/or by regular mail.

- No Required Attachments for the Taxonomy

**ELECTRONIC ATTACHMENTS**

Please attach no more than **10 files** for a total of **25 MB** or less.

The following file types may be attached: MS-Word, MS-Excel, WordPerfect, MS-Write, Open Office, text, Power Point, Zip, PageMaker, Adobe PDF, image (TIFF, JPEG, GIF, PNG).

Click the printer icon, located in the right hand corner of the screen, to print a record of submitted attachments.

No files have been uploaded.

[Browse...](#) [Add](#)

Figure 22: Attach Files

4. The attachment will display as follows. Repeat these steps to add all required attachments.

**ELECTRONIC ATTACHMENTS**

Please attach no more than **10 files** for a total of **25 MB** or less.

The following file types may be attached: MS-Word, MS-Excel, WordPerfect, MS-Write, Open Office, text, Power Point, Zip, PageMaker, Adobe PDF, image(TIFF, JPEG, GIF, PNG).

Click the printer icon, located in the right hand corner of the screen, to print a record of submitted attachments.

Attached File(s)	
	License.pdf (6 KB)

**ONLINE APPLICATION SUBMISSION**

You may now submit your Online Application by clicking '**Submit Now**' below. After submitting you will have the option to print a copy of the completed application for your records.

You will also receive instructions to finalize the application process on the next page.

Figure 23: Files Attached

## Signing and Submitting the Manage Change Request

5. Enter your NCID and password, as well as the **PIN** number. Click the **Submit Now** button to submit the application.

**Sign and Submit Electronic Application**

\* Indicates a required field

Legend

If for any reason you navigate away from this page without clicking 'Submit Now', you will be required to re-enter the information and re-attach any uploaded documentation.

**ELECTRONIC SIGNATURE CONFIRMATION**

**Attestation:** I have read and agreed to the terms and conditions of participation. By submitting this form, I confirm the information contained in the documents submitted with the application/enrollment documents/Administrative Participation Agreement are true, accurate, complete, and current as of the date this electronic document is submitted. I hereby attest that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.

\* Login ID (NCID):  [Forgot Login ID](#)

\* Password:  [Forgot Password](#)

- If this is your first Provider Enrollment submission, your Electronic Signature PIN has now been sent to **CAMERONSMITHTRAIN@GMAIL.COM**. Please retrieve it now to complete submission. If the email is incorrect, you may now navigate back to the Basic Information page to update it. (Remember to click Next on the Basic Information page to store your change.)
- If there is a PIN already associated with this NCID, please use it now. If you have forgotten your PIN, you may reset it by entering your Login ID (NCID) and Password and clicking the 'Forgot PIN' link. The PIN will be sent to your email address.

Please contact the CSC EVC Center at 866-4-1113 if you have any trouble with your Electronic Signature PIN Number.

\* PIN:  [Forgot PIN](#)

Please review the documents you are going to electronically sign.

**ONLINE APPLICATION SUBMISSION**

You may now submit your Online Application by clicking '**Submit Now**' below. After submitting you will have the option to print a copy of the completed application for your records.

You will also receive instructions to finalize the application process on the next page.

**Note:** If you click '**Submit Later**' button, electronic signature information and the attached **will not be saved**.

Figure 24: Sign and Submit